Approved, SCAO OSM CODE: DFN

STATE OF MICHIGAN PROBATE COURT COUNTY OF	DEMAND FOR NOTICE		FILE NO.	
Estate of			'	
Decedent last resided at			and died	
2. I demand mailed notice under MCL	. 700.3205.			
3. My financial or property interest in t	the estate is:			
4. Notice should be mailed to me and	or my attorney at:			
Name (type or print)		Attorney name (type or page 1)	orint)	Bar no.
Address		Address		
City, state, zip	Telephone no.	City, state, zip		Telephone no.
		Date		
		Signature		

Do not write below this line - For court use only